

1001 Bridge Street Vernonia, OR 97064 503-429-5291 Fax 503-429-4232 TTY 1-800-735-2900

June 2011

Dear Business Owner:

The City of Vernonia levies a business license fee each year. The business license year shall be July 1st to June 30th. The fees are imposed upon all enterprises, business trades, shops, professions, callings and occupations and are required for any person to transact and carry on business within the City. A business is delinquent if not paid by August 1st of the business license year. Whenever the business license fee is not paid on or before the delinquency date, a delinquency charge equal to then (10) percent of the original business license fee will be added for each thirty (30) day period that the business license fee and any accumulated delinquency charges remain unpaid. If a person begins engaging in business after the start of the business license year, the business license shall be deemed delinquent if the fee is not paid within thirty (30) days after commencement of the business activity.

Ordinance No.867 Section 3: [License Required] (A) "It shall be unlawful for any person to transact or cause to be transacted any business without having first obtained a license for such business from the City Recorder for the current year."

Business license-basic fees are as follows:

Fee for <u>in-city</u> business owners serving Vernonia City residents:

July 1 through June 30 (One (1) year)	\$60.00			
January 1 through June 30 (Six (6) months)	\$30.00			
July 1 through December 31 (Six (6) months)	\$30.00			
For out-of-city business owners serving Vernonia City residents:				
July 1 through June 30 (One (1) year)	\$80.00			
January 1 through June 30 (Six (6) months)	\$40.00			
July 1 through December 31 (Six (6) months)	\$40.00			

Please let us know how we can assist you in providing service to your business. If you feel you do not need a business license, please return the application stating the reason why.

Thank you for your prompt payment. Please make checks payable to: City of Vernonia. Your payment may be mailed or dropped off at Vernonia City Hall, 1001 Bridge Street, Vernonia, OR 97064.

Sincerely,

Joann M Glass City Recorder



Fees: Choose one

City Business License Application

CITY OF VERNONIA

1001 Bridge St. Vernonia OR 97064 PHONE (503) 429-5291 – FAX (503) 429-4232 TTY 1-800-735-2900

In-City July 1 to June 30 \$60.00 Six Months – July 1 to Dec. 31 \$30.00	Out-of-City July 1 to June 30 \$80.00 Six Months – July 1 to Dec. 31 \$40.00 Six Months – Jan 1 to June 30 \$40.00				
Six Months Jan 1 to June 30 \$30.00	Six Months – Jan 1 to June 30 \$40.00				
Business Name:					
Business Site Address:					
Business Mailing Address:					
Owner Name:					
Owner Address:					
Business Phone:	Owner's Phone:				
Business E-mail	ess E-mailOwner's E-mail:				
Emergency Contact Name:	Emergency Phone:				
Emergency Contact E-mail:	*				
Description of Business Activity					
State Registration number (if required for propose	ed activity):				
Issuing Agency (ie; Builders Board):	9				
Workman's Compensation Carrier:	Policy #:				
Federal Tax ID# (social security # if not Tax ID #	(f):				
The city has the right to revoke this business licer licenses are not obtained.	nse if all applicable insurances or state and federal				
Was there a prior business at this location: Yes _ Tax lot and zone of business location: _ What is square footage of leasable available space. What is the current building occupancy allowance. Will business impact parking? Yes _ No _					
Home Occupation: Yes No (if yes	, please answer the following three (3) questions.)				
1. Has a conditional use permit been obtained	ed for Home Occupation? YesNo				
2. Have you reviewed the Home Occupation	ordinance? YesNo				
3. Do you understand and agree to the terms	that under the Home Occupation ordinance, your				
business license may be revoked if your b	usiness operation/activities generate complaints of the				
types outlined in the Home Occupation or	dinance? Please Initial: Yes No				

<u>Busin</u>	ess	Type Codes: Please check appropriate the control of	priate code.		
	A.	Agriculture: Agriculture production, forestry commercial fishing, hunting, trapping and related services.			
	B.	Apartments: Includes 4 or more dwell	ing units that are rented or leased.		
	C.	Construction: Construction (new work, additions, alterations, reconstruction, installations, and repairs). Three types of construction are covered: building construction, heavy construction, and construction by other special trade contractors.			
	D.	Manufacturing: In the mechanical or chemical transformation of materials into new products. Also included are firms engaged in assembling component parts of manufactured products.			
	E.	Transportation: Firms providing passenger and freight transportation communications services, or electricity, gas, steam, water or sanitary services, and all establishments of the United States Postal Service.			
	F.	Wholesale: Businesses engaged in selling merchandise to retailers, to industrial commercial, institutional, farm, construction contractors, or professional business users; or to wholesalers; or acting as agents or brokers.			
	G.	Retail: Selling merchandise for personal or household consumption and rendering services incidental to the sale of goods. Also check the following boxes if appropriate.			
		☐ Restaurant/liquor served	☐ Restaurant/liquor not served	☐ Tavern	
	Н.	Financial/Real Estate: Firms in finance, insurance and real estate. Finance includes depository institutions, non-depository credit institutions, holding companies, or other investment companies, brokers and dealers in securities and commodity contracts, security and commodity exchange. Insurance covers carriers of all types of insurance, and insurance agents and brokers. Real estate includes owners, lessors, buyers, sellers, agents, and developers of real estate. Check box if appropriate:			
		☐ Realtors	☐ Commercial Lessor		
	I.		viding services for individuals, business, and government, includes: Professional services; ices, Repair services; Business, educational and health services. Please check the appropriate		
		☐ Consultant	☐ Attorney/CPA	☐ Child Care	
		☐ Hotel/Motel	☐ Barbers/Beauty Salon		
	J.	Home Occupation: (Also please check the CODE box that corresponds with your business type.)			
	K.	Other: Non-Profit	☐ Solicitation		
	L.	Adult Foster Care/Nursing Home			
also h	eret	ertify that the above information in a gree to the terms and condition for Vernonia.			
Signatu	ire o	f Business Owner:		Date:	

For Staff Use Only

Is Business location zoned f	for described business use/a	activity?	
Is occupancy lawful and app	proved by County Building	Dept?	
Identify any questions/conc	erns:		
Identify any necessary restri	ctions/requirements based	on the informati	on provided by the applicant:
-			
			,
Date Received:	Amount Paid:		Receipt #:
			Receipt given? Yes No
Check #:	Visa:		Cash:
Approved by:			
	Staff Signature		
Contractor:	F	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	District
Payment entered by:	Date:	_ Licensed issued:	Date issued: